



Parents and Educator's Perceptions to Sex Education and HIV/AIDS in Primary Schools in the Motheo District

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ABSTRACT This paper investigated the perceptions of parents and Foundation Phase educators on whether Foundation Phase learners have the rights to be educated about HIV/AIDS and sex education before they reach adolescent stage. Twenty Foundation Phase educators and twenty parents were sampled in this research. Qualitative and quantitative research methods were used to collect data. The findings showed that parents and educators agreed that children are prisoners of their own environment and recognize the right of the child to be protected. Support from different stakeholders and adequate materials should be provided for the successful implementation of the Life Skills programs. The implications of this study are discussed.

INTRODUCTION

There is so much talk on whether Foundation Phase learners have rights to receive information related to sex education and HIV/AIDS education before they reach adolescent stage. South African government recognizes the need for introducing sex education and HIV/AIDS programs to reduce high number of children abuse and spread of HIV/AIDS in the country with the hope that learners will benefit and exercise their rights. The intention of the programs is to help the child develop his/or her physical and emotional well-being (Sidze et al. 2017). The emphasis is that educators should take a lead in addressing the topic and also take the learners' needs into consideration (Sarma et al. 2017). Whilst many educators recognize this role, many are still unwilling to address issues relating to HIV/AIDS and sex with their learners (Mannah 2002; Wood and Webb 2008; Kumar et al. 2017). Educators and parents are reluctant to interact with learners about these issues. Kosonde (2013) states that educators are concerned about raising topics such as sex education and HIV/AIDS in their classrooms for fear of losing their jobs. Some of educators assume that it is the responsibility of parents to teach their children about sex education and HIV/AIDS. Rooth (2005),

Ahmed et al. (2009), Francis (2010) and Chike (2016) identify the social context of schools as a challenge to teaching sex education and HIV/AIDS in South African schools.

METHODOLOGY

Research Design

The study adopted both qualitative and quantitative approaches. Qualitative approach was used to investigate the perceptions of parents and educators on whether Foundation phase learners have the right to sex education and HIV/AIDS education before they reach adolescent stage. Quantitative approach was also used to determine the percentage of the participants' responses as to how many educators recorded "Agree" or "Disagree" on whether Foundation phase learners have the right to sex education and HIV/AIDS education in South African primary schools.

Population and Sample

The targeted population in this study was all Foundation Phase educators together with Heads of department (HODs) representing the phase, parents whose children attend the two

identified primary schools in the Motheo district. The participants were purposive sampling consisting of 8 Foundation Phase educators per school, 2 HODs, 2 School Governing Body (SGB) members and 8 parents per school.

Data Collection and Procedures

The study used various methods of collecting data such as semi-structured focus group interviews, questionnaires, field notes and digital recorder. Data were conducted in two primary schools with the Foundation Phase educators, HODs and parents whose children enrolled at two identified schools. Participation was voluntary and participants were assured that data collected would be used only for the study purpose and the information collected would be confidential and participants' names would not be disclosed to any person. The purpose of the study was explained to the participants verbally.

Data Analysis

Data analysis was both qualitative and quantitative. Data was analysed using the ideas of Miles and Huberman (1984) and themes were identified. Data obtained from the questionnaires were analysed using frequencies to determine the percentage of the participant's responses.

RESULTS AND DISCUSSION

Challenges Facing Educators in Teaching HIV/AIDS Education and Sex Education

Foundation Phase educators like any other phases are expected to present or teach learners about HIV/AIDS and sex education at an early age as it will assist, guide and protect them against any form of abuse or being infected with HIV/AIDS. The findings in this paper focus on the parents and educator's perceptions regarding the teaching Foundation Phase learners about HIV/AIDS and sex education before they reach adolescent stage (Sidze et al. 2017).

Foundation Phase educators provided several reasons when asked what kind of challenges they have experienced when teaching learners about HIV/AIDS and sex education within their classrooms. Some of them mentioned the following as a challenge:

One educator commented on the content found in the textbook:

I don't see any challenge or a problem, but because life skills content found in the textbook does not include HIV/AIDS topics. If those text books were having the topic, it would be easy for us to teach about it.

Another educator commented on lack knowledge and skills challenge to teach the subject:

The topic is mostly found in the Intermediate textbooks not in the Foundation Phase.

Another two educators commented on learner's age:

I think we must start too early with sex education. They are too young; parents must do basic education about the topic.

This is interpreted as innocence, they can't understand it. They think it's a joke. They are too young and I think it is parent's responsibility".

Incorporating Sex Education and HIV/AIDS Awareness into School Curriculum

Educators were asked whether sex education and HIV/AIDS awareness be incorporated into school curriculum. Majority of educators see the need for providing learners with appropriate information about Life Skills concepts at an early age. This is in accordance with what Kumar et al. (2017) observed in their study on knowledge attitude and perception among school going adolescents. One educator commented:

Not in the Foundation Phase, it can be in the Senior Phase.

Another educator pointed the importance of incorporating school curriculum:

It's fine because when learners were already taught about the issue; whenever they face the challenges they will be brave to report the matter or abuse person to the elder.

The Teaching of Sex and HIV/AIDS in Foundation Phase

Although sex education and HIV/AIDS education is part of the school curriculum and its usefulness, some of Foundation Phase educators experience challenges in addressing the topic because of certain factors. They tend to avoid teaching learners about the topic related to HIV/AIDS and sex education.

One of the Foundation Phase educators stated that:

Yes, according to me the topic must be taught according to the level. Even though I didn't teach HIV/AIDS and sex education, specifically, I'm still in line discussing the topic such as "Helpers community", by making learners aware of when they come across with the stranger, they shouldn't allow him/her to touch their body parts.

Educator's training was found to be one of the contributing factors that hinder the implementation of Life Skills and HIV/AIDS. One educator reported that:

I didn't attend the Workshop. Therefore, I did not teach the HIV/AIDS and sex education in the Foundation Phase.

Support Received During the Teaching of Sex Education and HIV/AIDS

With regard to the question of whether educators received support from different stakeholders in order to find ways of teaching learners about HIV/AIDS and sex education. Majority of educators reported that they received support from other people, but the support they received is still lacking to discuss with the learners about the sensitive topics. An educator claimed that:

SASA people visited the school and demonstrated to the learners by touching different parts of their body in a way to send the message and make them aware that no one is allowed to touch anybody's parts. Learners enjoyed the lesson and it was so interesting.

As already indicated, educators lack moral support from different stakeholders, educators reported that support from Education Department officials is required. This perception is alluded in Chike's (2016) study concerning childhood sex education in Sub-Saharan Africa.

Another educator commented on training as contributing factors:

I think we must attend courses about HIV/AIDS and sex education.

Expectations from School Management

Educators were asked what they expect from school management. Educators recognised that learners should be exposed to a formal training

program on sex and HIV/AIDS issues. This view is shared by Sarma et al. (2017):

I think that we can request time from the management once per term that learners should be put aside, for instance, boys must be in one class addressed by male educators in a way to make awareness regarding their body change. On the other side, girls should also be grouped together in one class and addressed by female educators about their body changes. Therefore, that will be the support offered by the school management.

Another educator commented on the expectation:

To emphasise on what has been said, previously, the school used to invite nurses to make awareness about the teaching of HIV/AIDS and sex education wherein learners were allowed to ask questions.

Continuation of HIV/AIDS and Sex Education

Educators were asked whether HIV/AIDS and sex education program should continue for a long time. One of the educators noted the significance of HIV/AIDS education and sex education program in this way:

Yes, it can proceed in our school program, because it is there in our life, they should know what it is and how to protect themselves. It would be an eye-opener to the ones who are infected with HIV/AIDS and even to those who are not infected, they should be conscious not to touch blood of their counterpart.

Another two educators made similar comment for Self-defence mechanism. This can also be traced from what was observed by Awusabo-Asare et al. (2017) in their study on sex education policies in Ghana:

In addition to that, regarding sex education, recently we heard over the radio that children are being vulnerable to rape and others are killed. While they are being taught, they will be alert against the Stranger who might want to attack him or her. The children would easily report the matter to the parents.

Care and Prevention

As long as we have these problems in our country, or wherever. Everyone must be aware of it, know what is all about it, what causes it and what the outcomes are and how to take care of their body.

Comments Made by Some of the Parents about the Teaching of Sex Education and HIV/AIDS in the Primary School Level for the Benefit of Foundation Phase Learners

Sex Education and HIV/AIDS Being Incorporated into the School Curriculum

Regarding the question of whether sex education and HIV/AIDS be incorporated into school curriculum. Although parents recognised the significance incorporating HIV/AIDS education and sex education into school curriculum one educator commented on the age:

Children should be made aware of the HIV/AIDS in the Foundation Phase because it's very important. I really do agree with that but to go deep into sex things, may be a problem. I'm scared that kids at that age will go and test some of these things at that age.

Another parent commented on preventative strategies:

I think it should be included; parents and learners should take care of themselves against HIV/AIDS.

Another educator commented on early intervention:

As parents, it is our responsibility to inform our children about our status, some of us we didn't make them aware whether are we infected or not, as a result, children might be infected by their own parents.

Teaching Sex Education and HIV/AIDS Education at Foundation Phase

Many parents commented that even though Life Skills program play the most important role in their children's life they continue to experience challenges to discuss about HIV/AIDS and sex education with their children. Age is one of the challenges, one educator commented:

At the Foundation Phase, I don't know whether children really know about all the stuff. But you can teach the basics of HIV and sex education.

Another parent commented on school responsibility:

Is it the responsibility of the school to teach young learners about HIV/AIDS and sex?

Another parents commented on home responsibility:

It must start at home, that's my point of view.

Another parent spoke about early awareness and age:

It is important children should be made aware of HIV/AIDS and sexual abuse because it's not the story, it's there. Umm..., I think they must be made aware of it. Like I said, do not go into the details.

Another parent spoke about the significance of parents to take the initiative:

It is important that the parents must take the initiative, for example, if the child is having a learning barrier or sickness, the parent must inform the class teacher about the condition of the child.

With Regard to the Question of Whether There Were Obstacles Limiting Parents' Involvement in Teaching Children about HIV/AIDS and Sex at Home

Parents mentioned some of contributing factors that affect parent-child communication.

One educator commented on age as contributing factor:

I can sit down and discuss with the child, but because of age by that time, he or she will easily forget. By the time the child reaches thirteen or fourteen years he or she will understand about the life skills concepts because at that age, he or she will have been mature enough.

To the Question of Whether HIV/AIDS and Sex Education Programs Should Continue

One of educator commented on children development:

Yes Mam, the reason is that the child will be knowledgeable about the programs and they will understand them at higher grades.

The Responses from the Questionnaires in Terms of Returning the Questionnaires

The responses from the questionnaires in terms of returning the questionnaires from educators of the two identified primary schools in the Motheo district: One school from Bloemfontein (urban area) and another in Botshabelo (rural area).

Biographical Information of Educators

Gender Differences

Hundred (n=20) of female educators which makes 100 percent completed the questionnaires.

Of all whom responded eleven (11) educators from primary school situated in Mangaung returned the completed questionnaires whereas nine (9) educators from primary school in Botshabelo returned the completed questionnaire.

Age Differences

Educators who participated were within the age of 20-30 years 5 (25%), 41-50 years 5(25) and 60 and above 5(25). Three of the respondents were 51-60 years 3 (15%) and two 2(10%) were 31-40 years.

Ethnicity

From school A many of educators (n=11) were White people 12(60%), and minority were African people 8(40%) in school B.

Province

Hundred (n=20) of educators which makes 100 percent live in the Free State Province. Educators were asked about their teaching experience. Most of the educators (n=20), had 1-5 years teaching experience 9 (45%) and 21 years or more 9(45%), followed by 11-15years 1(5%) and 16-20 years 1(5%) of teaching experience.

Different Grades Taught Foundation Phase Educators

Three (15%) of educators taught Grade R, 7 (35%) of educators taught Grade 1, 7 (35 %) of educators taught Grade, while 3 (15%) of educators taught Grade 3.

The Use of Medium Instruction in the School

Twelve (60%) medium of instruction was English While 8 (40%) was Sesotho. It is clear that most of the subjects were taught in English in school A whereas in school B most of the subjects were taught in Sesotho.

Different Cultural Group of Educators

Educators indicated that 7 (35%) of the educators represented Sotho culture, 2 (10%) of educators represented Xhosa culture, while 11 (55%) of educators represented Afrikaans cul-

ture. This revealed that the majority of educators were Afrikaans culture.

Educator's Home Language(s)

Majority of educators were Afrikaans speaking 11 (55%), while 7 (35%) were Sesotho speaking, while 2 (10%) were IsiXhosa speaking.

Language(s) Spoken Mostly in the Community

Educators indicated that 9 (45%) of the community were Sesotho speaking, Five (25%) were Afrikaans speaking, three (15%) were IsiXhosa speaking, 2 (10%) were Setswana speaking whereas 1(5%) were English speaking people.

Teaching Support and Life Skills Content Taught in the Foundation Phase Educators

Training

Majority 12 (60%) of the educators attended HIV/AIDS and sex education training workshops. Whereas 8 (40%) of educators claim that they did not attend any workshop regarding the matter. This implies that some of them lack knowledge to provide learners with necessary information. From the above table it is clear that educators should be exposed to a formal training regarding HIV/AIDS and sex education program.

Timing of the Training

To the question for how long did the training last, 10 (50%) of educators received training for 5 days, 4 (20 %) of educators received training for a day, 3 (15%) of educators had 3 days' workshop, while 3 (15%) had 1 week training workshop.

To the Question on Whether Life Skills Modules Prepare Educators to Teach Foundation Phase Learners about HIV/AIDS and Sex Education

Nine (45%) responded positively that the Life Skills module used during their initial training prepared them to teach learners about HIV/AIDS and sex education. Five (25%) of educators did not support the statement, while 6 (30%) of the educators are still uncertain about the module.

The uncertainty indicates that educators lack the knowledge and information with regard to life skills aspects, what to be taught and how. According to the responses regarding the Life Skills module, it seems as if there were educators who need urgent training to enable them to provide learners with relevant information so that they can be able to protect themselves against from any form of the abuse.

To the question of whether educators get the support when teaching sex and HIV/AIDS, 10 (50%) of educators disagreed that different stakeholders offered them support in that regard. About 3 (15%) of educators were uncertain about the statement. This shows that lack of support from different stakeholders is regarded as one of the contributing factor of implementing life skills programs.

To the question of what kind of support do you need in order for the implementation of life to be successful, 8 (40%) indicated that they experience lack of training programs. Therefore, they have chosen it as kind of support they would need. Five (25%) of educators indicated that they need support from parents, 3 (15%) of educators need the support from SMT as well as from educators, while 4 (20%) of educators neither indicated any of the above mentioned support system. This implies that training the workshop is the prerequisite and requires favourable attention in a way to support educators regarding the implementation of life skills curriculum aspects.

To the question what changes if any, would Foundation Phase educators suggest should be brought in with regard to the implementation of life skills, 9 (45%) indicated that HIV/AIDS education and sex education must be included in the lesson time-table, Two (10%) of educators suggested that learners should watch videos related to the topic, meaning they must see things practically, 2 (10%) recommend that age restriction should be considered, on the other hand 7 (35%) were satisfied about the program.

With regard to the question which content(s) educators teach in the Life Skills curriculum, 13 (65%) of educators focused on the lesson how to care about the body, meaning the learners must have an ample knowledge of the body, what it looks like and how it should be nurtured and young learner from an early age should realise that we all get one body to inhabit our journey through life and it should be cared for. Five (25%) of educators taught learners about family life.

Role of Educators in Sex Education of Young School Learners

To the question of it is the responsibility of the school to teach young learners about sex education and HIV/AIDS, 11 (55%) of educators disagreed that it is the responsibility of the school in teaching young learners about sex education and HIV/AIDS, Eight (40%) of educators agreed with the statement, while 1 (5%) of the educator strongly agree.

To the question of whether learners learn effectively about HIV/AIDS and sex education from parents, educators, peer, school nurse or different media, 11 (55%) of educators indicated that learners can easily understand when they learn about sex education and HIV/AIDS from their parents. This means that parents were regarded as important participants in early education of their children, on the other hand, 4 (20%) of educators indicated that educators can provide learners with appropriate life skills curriculum aspects and they can also learn effectively. Two (10%) educators' responses do believe that learners can learn best when they get information about the issue from their peer, whereas 3 (15%) favour the use of media.

To the question of what obstacles have limited your involvement in teaching sex education, 10 (50%) have great concern regarding the lack of support and guidance from different stakeholders. Two (10%) thought that it is sinful to talk about sexual matters with the learners at an early age. Eight (40%) point that the ignorance of what sex education is all about might be the problem.

To the question of what makes easy for educators to talk about sex and HIV/AIDS with your learners, 13 (65%) indicated that it will be much easier for them to talk with the learners about HIV/AIDS and sex education when they read romance novels or books. This reveals that it's a difficult task for them to discuss with the learners about sex education and HIV/AIDS topic as stated in the literature view. Seven (35%) of the educators indicated that whenever they feel it is necessary for them to talk about the issue with the learners.

To the question of where do you think young learners should learn about sex, 12 (60%) of educators were in favour of home, where learners can receive an appropriate information. Three (15%) of educators preferred that HIV/AIDS as

well as sex education should be taught at school, whereas 5 (25%) of them suggested that it ought to be taught anywhere.

With regard to the question to when should learners learn about sex and relationships, (70%) of educators stressed that learners should learn about sex education and relationship at school whereas, five (25%) recommended that pre-school educators should take the lead with regard to the topic, while 1 (5%) of educator preferred that sex education must be taught at adolescent stage.

Regarding to the question of when providing sex and HIV/AIDS education to young learners may threaten learner's innocence, 14 (70%) refused that provision of sex education and HIV/AIDS may not threaten learner's innocence, whereas 6 (30%) of educators agreed with question.

With regard to the question of providing sex and HIV/AIDS education to young learners is a difficult task, 10 (50%) responses of educators agreed that the provision of sex education and HIV/AIDS education to young learners is a difficult task, while 10 (50%) of educators indicated that the teaching of the topic is not a difficult task.

To the question on whether educators agree that parents are a child's life support system, 19 (95%) of educators agreed that parents are child's life support, on the other hand, one (5%) of the educators disagreed with the issue of parents child's life support system.

CONCLUSION

From the findings it is clear that the teaching of sex education and HIV/AIDS in Foundation Phase level is not an easy task for both parents and educators. The study revealed that HIV/AIDS and sex education programs play the most important role in children's life; therefore, the study demonstrated that parent and educators need to be empowered, acquire necessary skills and knowledge through attending workshops. It was also found that parents and educators recommended that sex education and HIV/AIDS program should be implemented for the benefit of the learners. The study concluded that the implementation of Life Skills could only be effective and successful if necessary support from different stakeholders is provided for Foundation Phase educators and enough resources are provided.

RECOMMENDATIONS

Based on these findings the following recommendations are made in respect of this study:

Schools should inform parents about the Life Skills programs and what it entails in order to support the learning and development of each child. The Department of Education should organise on-going training workshops on team building and communication for staff development. Educators should be provided with appropriate knowledge, skills and give them the direction that would lead them towards the implementation of the Life Skills curriculum.

Regular parents' meetings should be scheduled and open and inter-active participation should be allowed to encourage exchange of ideas or views where appropriate and to reach collective decision-making. Parents need to be empowered and provided with relevant information in order to gain knowledge and skills related to HIV/AIDS and sex education.

Sex education and the HIV/AIDS topic should be included in the school time table and also be part of the assessment in the Foundation Phase to encourage educators to regard the subject as a serious matter and put it into practice for the sake of the learners. All participants involved in education, irrespective of their level of education, are capable of making sound contributions regarding the development of the learners because they are involved with the learner in one way or another when he/or she experience difficulties in life.

Provision should be made for the learning facilitators to visit schools in a way to support and guide educators on how to implement HIV/AIDS and sex education aspects within the classrooms.

REFERENCES

- Ahmed N, Flisher A, Mathews C, Mukoma W, Jansen S 2009. HIV education in South African schools: The dilemma and conflicts of educators. *Scandinavian Journal of Public Health*, 37(2): 48-54.
- Awusabo-Asare K, Stillman M, Keogh S, Doku D, Kumi-Kyereme A, Esia-Doukoh K, Leong E, Amo-Adjei J, Bankole A 2017. From Paper to Practice: Sexuality Education Policies and Their Implementation in Ghana. New York: Guttmacher Institute. From <<https://www.guttmacher.org/report/sexuality-education-ghana>> (Retrieved on 15 September 2017).
- Chike S 2016. Childhood sex education facilitating zero HIV infection. *Alternation*, 23(2): 266-288.

- Francis D 2010. Sexuality education: Three essential questions. *International Journal of Educational Development*, 30: 314-319.
- Francis D 2011. "Sex is not something we talk about, it's something we do": Testing the limits of drama and sexuality, *Critical Arts*, 24(2): 58-74.
- Kosonde M 2013. *Perception of Teachers to Sexuality Education in Secondary Schools in Gaborone, Botswana*. MA Dissertation, Unpublished. Stellenbosch: University of Stellenbosch.
- Kumar R, Goyal A, Singh P, Bhardwaj A, Mittal A, Singh A, Yadav S 2017. Knowledge attitude and perception of sex education among school going adolescents in Ambala District, Haryana, India: A cross-sectional study. *Journal of Clinical and Diagnostic Research*, 11(3): 1-4.
- Mannah S 2002. South Africa: The complex role of teaching about HIV/AIDS in schools. *Prospects*, 32(2): 155-170.
- Miles MB, Huberman AM 1994. *Qualitative Data Analysis: An Expanded Sourcebook*. 2nd Edition. Thousand Oaks: Sage Publication.
- Rooth E 2005. *An Investigation of the Status and Practice of Life Orientation in South African Schools in Two Provinces*. Cape Town: University of Western Cape.
- Sarma H, Islam M, Khan J, Chowdhury K, Gazi R 2017. Impact of teachers training on HIV/AIDS education program among secondary school students in Bangladesh: A cross-sectional survey. *PLoS ONE*, 12(7): 1-16. e0181627.
- Sidze M, Stillman M, Keogh S, Mulupi S, Egesa C, Leong E, Mutua M, Muga W, Bankole A, Izugbara O 2017. From Paper to Practice: Sexuality Education Policies and Their Implementation in Kenya. New York: Guttmacher Institute. From <<https://www.guttmacher.org/report/sexuality-education-kenya>> (Retrieved on 15 September 2017).
- Wood L, Webb P 2008. HIV- and AIDS-related (mis) perceptions and (none) responses of school principals in the Eastern Cape, South Africa. *African Journal of AIDS Research*, 7(1): 111-121.

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